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**FAX TRANSMISSION****DATE:** February 6, 2007**PTO IDENTIFIER:** Application Number: 09/681,586  
Patent Number**Inventor:** Victor V. GOGOLAK**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** MORRISON & FOERSTER LLP

Brian N. Fletcher

**PHONE:** (703) 760-7796**Attorney Dkt. #:** 597932000200**PAGES (Including Cover Sheet):** 5**CONTENTS:**Certificate of Transmission (1 page)  
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Application No. (if known): 09/681,585

Attorney Docket No. 597932000200

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/681,586
	Filing Date	May 2, 2001
	First Named Inventor	Victor V. GOGOLAK
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	597932000200
Total Number of Pages in This Submission	3	

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PTO/SB/81 (11-04)

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	09/681,586		
	Filing Date	May 2, 2001		
	First Named Inventor	Victor V. GOGLAK		
	Title	METHOD FOR GRAPHICALLY DEPICTING DRUG ADVERSE EFFECT RISKS		
	Art Unit	2166		
	Examiner Name	Not Yet Assigned		
	Attorney Docket No.	597932000200		

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/17/05
Name	Victor Gogolak	Telephone	703-356-5864
Title and Company	Chief Executive Officer DrugLogic, Inc.		

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